

May I also respectfully express the hope that your decision may be such as to convince the physicians and surgeons of California of the fairness and justice of your action."

From the date it was filed, the Association's application has been bitterly and persistently fought by some insurance carriers, particularly the State-operated carrier, the State Compensation Insurance Fund and its management. The argument of some companies has been that to increase medical fees would require an increase of rates. This argument is not true and is unsound. Strangely enough, no accurate statistics are kept on physicians' services. It is lumped in with the medical, and then the medical is combined with compensation, and this figure is all included in "losses." There is no breakdown of the medical.

Another practice apparently has become established, namely, that mutual insurance companies must be in a position to rebate back to their insured a substantial portion of the premiums paid by the insured. This runs into millions of dollars annually so far as the State Fund is concerned. The validity of the argument of these insurance companies that the reasonable increase requested would necessarily mean an increase in rates is answered by a decrease ordered by the Insurance Commissioner, in the base rate of compensation insurance of 8 per cent. In response to our inquiry, Commissioner Garrison replied as follows:

"Dear Mr. Peart:

Confirming our telephone conversation, I am enclosing for your information a copy of the order made in connection with the reduction of minimum rates for Workmen's Compensation Insurance. For your information this reduction resulted from a survey of *close* experience, not only in California but throughout the United States. This survey indicated that the Workmen's Compensation losses experienced for the years 1941 and 1942 were within 11 and 12 per cent less than the provision for them in the rate. Having this in mind, we reduced the minimum rate 8 per cent and provided for the elimination of the overtime surcharge as an item in the premium. It is estimated that the elimination of this overtime charge will result in a two or three per cent additional reduction in the compensation rate.

(Signed) MAYNARD GARRISON,
Insurance Commissioner of
California."

The Committee, consisting of Dr. Cass of Los Angeles as Chairman, Dr. Frank McDonald of Sacramento and Dr. Carl Hodge who prepared the proposed fee schedule, has rendered valuable aid from time to time to the Committee charged with the presentation of the schedule to the Commission. This Committee consisting of Dr. Gilman, Chairman, Mr. Hunton and myself has worked very arduously for the past year and one-half on this matter.

I regret that it is necessary to make this report at this time.

111 Sutter Building.

NATIONAL MEDICAL LEGISLATION*

DWIGHT H. MURRAY, M. D.

Napa

YOUR speaker has been asked to explain a little more about the United Public Health League, what it is, why it is and why it differs from some other things. I first want to explain to you what the National Physicians' Committee is. The National Physicians' Committee is different from the United Public Health League, and I would like to tell you why. It has nothing to do with informing the Legislature in any way. The National Physicians' Committee is doing a great job on public relations. It is molding public opinion through various newspapers, through editorials, through the radio, and in many and diverse ways.

You have been contributing to the National Physicians' Committee, many of you, and probably all of you, and there is no reason, apparently, why that should not go on.

I have also been asked about Lake County, Indiana, and that plan is entirely different to what we have in mind. If you have read the letter, you will notice that they say there shall be a plan established by which they shall determine to whom and by whom medical care shall be rendered. That I feel we could not support. That is certainly against our ideas of the practice of medicine. The only thing in their plan that anywhere near parallels ours is the opening of an office in Washington for the purpose, as we are doing, of giving information to our legislators.

I hope I have made it clear then why it was necessary for the United Public Health League to be organized. After the adjournment of the California legislature in May we found it apparently increasingly necessary to pay more attention to national legislation.

The Wagner bill for socialized medicine was before us on June 3, 1943. We waited patiently for weeks for word from the American Medical Association as to how we should proceed in combating this bill. No word came, so we decided to undertake our own campaign, realizing how important was such and how much it meant to us. The aid of the Public Health League of California was enlisted. It notified all members of the medical, dental, hospital and allied professions about this bill and aroused them to action. Many of the California Congressmen were home for their summer vacations. These men were contacted by their home doctors and their aid enlisted in opposing this bill. As far as our California men were concerned this was very good and was very effective. We certainly want to thank those people who helped us so well. I especially want to mention the Woman's Auxiliary and the California Bankers Association.

* Address of Dr. Dwight H. Murray, chairman of Committee on Public Policy and Legislation of California Medical Association, to the C.M.A. House of Delegates, at Los Angeles, on May 7, 1944. For reference in minutes of House of Delegates, see CALIFORNIA AND WESTERN MEDICINE, for June, on page 295.

tion, through its president, Mr. A. C. Hughes, and their Executive Council, who went through this thing and went all the way for us when they adopted a resolution opposing the Wagner bill. The California Bar Association, through its president, Pat O'Hara, did likewise, so they must feel that there is a lot of danger in this bill if they would go outside their own field to oppose this bill. The Woman's Auxiliary, as usual, have done a very fine piece of work in this connection.

This work continued through the summer. By October of 1943, we still had received no word from the American Medical Association, although I called members of the duly-formed Council and they promised to give me information; but we never could get anything in the way of a program or procedure of what we should do. Incidentally, we have never received any information yet as to how we or any other State should go about combating this particular type of legislation.

The Council of the California Medical Association decided to ask the Public Health League of California for the loan of Ben Read to go to Washington on a prospecting trip. Mr. Read was sent to Washington, in October of last year, 1943, to secure information as to the feeling of legislators and government officials toward the medical profession, to see what one or two allied groups were doing in Washington to protect their interests, and whether or not the medical profession should have an active public office or bureau there for the purpose of giving information to our legislators, and in turn relaying that information back to us. You understand it is our purpose at all times to keep the entire body of the California Medical Association informed of what we are doing. We like to know what is going on in Washington, so we can tell you.

The report of Mr. Ben Read as given to the California Medical Association, excerpts from which were printed in *CALIFORNIA AND WESTERN MEDICINE*, should leave no doubt in anybody's mind, from the statements of congressmen whom he interviewed, and from all of the experienced political observations he made in Washington, that it was not only apparent but necessary that we have our own representation in Washington. Meanwhile, we have been working with other Western State Medical Societies on united action on the Wagner bill. We felt that we alone, California, could not be heard beyond the Rocky Mountains, but if we could get some other States to join with us, maybe we could all yell loud enough so that our national legislators would listen to us. These other Western States wanted to hear about this. We had our first meeting in Salt Lake City on December 9. The Medical Associations of the 11 Western States were invited to send their Legislative Chairman or other responsible officer to this meeting. The states of Arizona, Colorado, Idaho, Utah, Oregon and California were represented. Nevada, Washington and Montana were unable to attend because of transportation difficulties. At this meeting a temporary organization was formed, known

as the Western States Public Health League, with the establishment of a Washington information office as its principal objective. Each State represented at this meeting was to go back to its own Medical Association and ask for approval of the plan. Information about our meeting was sent to all Medical Associations in the United States, as well as to all physician members of the Congress, of which there are seven. The response was excellent, and more than 20 other states voiced approval and encouragement.

The Medical Society of the State of Washington did not have full information, so we solicited an opportunity to meet with the Washington and Oregon Societies to discuss the plan, but received the response that they were not quite ready to go ahead, and we thought probably there might be some particular reason why they were doing this.

The Council of the California Medical Association quickly and unanimously approved the plan authorizing up to \$18,000.00 as California's contribution to the expense. At the meeting held in Salt Lake City, on January 29th, a permanent organization was formed and the name changed to The United Public Health League because interest had spread beyond our own Western States. The membership in The United Public Health League now comprises the Medical Associations of Colorado, Idaho, Nevada, Utah, Arizona and California. Dues were set to begin at \$3.00 per year. We figured that amount would about cover expenses. The \$3.00 would not necessarily be made an assessment, but it would be paid by the various State societies out of their funds. That is about the top of our expenses, and if we get more States into it, our dues would be proportionately less.

The Directors again secured the loaned services of Mr. Ben H. Read on a temporary basis. He was instructed to establish our office in Washington on March 15th of this year, but it was really established on March 14th, of this year. As Chairman of this group of the Western States, I was instructed to appear in Chicago on February 13th at the 18th Annual Meeting of the National Conference on Medical Service. This organization, while not an official part of the American Medical Association, is comprised of leaders of the medical societies of the Middle West who have been meeting for 18 years studying the economic questions of medicine. I asked Mr. Read to go with me and we told them our story. The Conference gave approval to our ideas, but thought the job should be done by the American Medical Association on a national scale. You will recall that, as a result of much pressure for a Washington office the American Medical Association House of Delegates, at its meeting last June, created a Committee of Medical Service and Public Relations. I believe most of the doctors of the country felt that that committee would proceed immediately to represent them in Washington. However such was not the case.

When we became active in the West, and when

we presented our ideas at this particular meeting, the American Medical Association Committee on Medical Service and Public Relations suddenly came to life and hastened to establish a Washington office. They met the following day and asked for our appearance before that Committee. As Chairman of the United Public Health League I was very bluntly asked this question, "Would we fold up our plans for a Washington office and get out of the picture if the American Medical Association Council would open a Washington office?" I replied to them that all of our men were members of the American Medical Association. There had been some question about whether or not we didn't represent a left wing and if we were not Reds or something else? We told them that we had been patiently waiting for them to do something since last June, and, instead of it being the order of business at that time, they just let it slide; so we, in February, told them that it should have been their first order of business. They asked me three times, if we would get out of the picture should they open an office in Washington? I told them that if they would go ahead and open an office in Washington along the lines we had suggested (and we had a copy of our principles with us), it to be run in a practical manner by somebody who was not a theorist or college professor, but somebody who had had experience and training in legislative matters, we would then consider it. However, there was very little said to encourage us that they were going to do anything about it in a very practical manner. Finally, I told them that, regardless of the fact that we came from west of the Hudson River, we knew something about our problems of medicine.

Now I want to read to you a resolution that was passed by that Council:

WHEREAS, the action of the Council on Medical Service and Public Relations of the American Medical Association in establishing a Washington office of Medical Economics and Research which is to be charged with the collection of information and statistical data concerning medical care, its distribution, its availability, its cost and its control in various parts of the United States, and that the information thus collected be made available to the medical profession through the publication of the American Medical Association to the bureaus of medical economics of the American Medical Association for the study of this problem and to other appropriate agencies interested in the extension of medical service and the provision of medical care and related subjects.

If you could read this resolution, and by the widest stretch of the imagination read into it how they were going to establish from its context a practical office in Washington it would be more than we were able to do. They also appropriated the sum of \$1,500.00 a month for the running and maintenance of that office. That, in our estimation, is not anywhere near sufficient to carry on such an office. That resolution was later in the same week passed by the Board of Trustees of the American Medical Association. I finally told them that our office in Washington would be open on March 15th, as we had already promised our people that we would do it. Mr. Read opened that office on the 14th of March and, by some strange coincidence, some official of the Amer-

ican Medical Association happened to be in Washington, and Mr. Read, following our instructions, offered them full coöperation and any assistance he could render.

Understand, we told them we were not doing anything contrary to the American Medical Association; that we were not fighting the National Physicians' Committee; we were not fighting any group or anybody, but that we had our own ideas and our own plans, and we meant to carry them through. That offer has been repeated on numerous occasions. I personally made that offer to Dr. G. Lombard Kelly, Secretary of this Council on Medical Service and Public Relations. I might say that Dr. Lombard Kelly is a very fine gentleman from Georgia. He is Dean of a medical school, but his knowledge of practical legislation is as yet, somewhat limited.

Much has been accomplished in the short period that our office has been opened in the National Capital. Fine coöperation was received from the Medical Association of the District of Columbia, and from representatives of all the allied groups with offices in Washington. The Nurses Association, the Druggists, and the Dentists have done all they possibly could to help Mr. Read in every way.

Our first big accomplishment was interesting Congressman George E. Outland of Santa Barbara in delivering a speech to Congress on what the physicians of California were doing in trying to meet the situation in California through the California Physicians' Service. Mr. Outland was at one time a member of the C.P.S. He made a very fine speech in your behalf. Joining him in the discussion, was Congressman Norris Poulson from your own district here. I hope that you will not forget that Congressman Poulson is up for reëlection and, whatever you do, send him back. Congressmen Holifield and Rolph of California, Dr. Judd of Minnesota, and other veteran observers in Washington, D. C., told us such an accomplishment usually required two or three years work to get over the message that Mr. Outland had put across for us. I want to say here that we do not claim full credit for this, because the physicians from San Luis Obispo and Santa Barbara, the area from where Mr. Outland comes, did a lot in laying the ground work. The response to that speech was excellent from the members of Congress and other interested bodies.

We suggested to the American Medical Association that we follow this up, and have speeches presented from each of the 17 states where there is now a medical service plan similar to what we have in California, so that a record could be built up in Congress to the effect that the doctors of the nation were trying to meet the demands of the public. Then we could say to members of Congress that we can't have this, but we can have a plan of our own, and it is time,—if we are going to get anywhere in our national field,—that we have a plan, and that we get it pretty soon.

To date, the American Medical Association has made no objection to our policies. Our observers tell us that would be the greatest weapon we could possibly have. Our Washington office has been able to develop much information that has been related to all the States which are members of the United Public Health League. Much work that has been done has been through the efforts of our Washington office and the subcommittee of the House Appropriations Committee—which hears the requests of the Children's Bureau on the emergency maternity and infancy care program, about which we have heard so much here in California,—agreed to hear representatives of the medical profession. It was necessary to do some further work to secure this hearing. It is not necessary to tell you all about that now, but Dr. William Benbow Thompson of your own city went to Washington last week, or rather was there on the 27th of April, for this hearing. He will report to you in person about it. I will not attempt to relate here all the things our Washington office has been able to do for you in the six weeks we have been in operation.

I will just quote to you from what two Congressmen, one of them a physician member of Congress, said: "I am glad to know there is some agency ready to function in Washington which will be in a position to bring to the members of Congress the necessary information." The other member of Congress, our own Mr. Poulson, said: "You are now doing something you should have done long ago."

In the latter part of March the Council on Medical Service and Public Relations of the American Medical Association did open their office in Washington.

That brings you pretty well up to date. You have an office in Washington, with a mailing address and telephone listing, but no permanent staff. The question for you to decide is, where do we go from here? We, of course, know what is needed in a practical way. We feel, as other States do, that the American Medical Association should do the job, but from observations to date they are not doing it in a practical way. I will let you draw your own conclusions about whether they are doing it in a practical way, when you hear a little more about what is to be said later on.

As Dr. Kress so ably stated in his editorial this month, "California physicians have had years of experience with public health leagues, and there is a difference between an operative, militant and constructive organization and one of merely well-meaning or the too-convenient type."

Gentlemen, you can't do this job in Washington by token officers. You must have a good contact man. Where would we be in California today if we did not have a contact man in Sacramento? I am afraid we would be practicing medicine under an entirely different plan than we are practicing today, and the same thing applies in Washington. You cannot sit down, in an office, and ask them to come to see you. You

have to go to them. We have learned the hard way in California, the work must be carried directly to the Capital, to the bureaus and departments. We feel that it should be done along the lines that have been successful in our own State. All six of the Directors are enthusiastic over what has been done to date, but we cannot continue as a precedent. Mr. Read is needed here in California, and we are going to keep him here at home. He cannot do this job running back and forth between here and Washington. We have now come to the place where we must secure a permanent man for this job.

This situation may come to a crux at the meeting of the American Medical Association House of Delegates in June, but from all information you can gather they will not do the job in an effective and practical manner. I want to say this to the Delegates who go back to the American Medical Association meeting. Don't be lulled by any swan song that this newly-formed Council on Medical Service and Public Relations are going to sing you about the job they are doing in Washington. So far they have accomplished nothing that we have been able to tell of, and don't let them sing you to sleep with the idea that all is going well, and they are doing the job, and you can go home and go to sleep, for such is not the case. You will wake up with a terrible hangover.

How far do the members of the California Medical Association want to go? Many members have told me that they wanted the Washington Office continued even if California has to go it alone. Our biggest fight in Congress is still ahead. It is going to take time to build good and permanent public relations there, and regain the ground lost in recent years. It is our advice, and it is our determination that we are going to carry on with this office in our own way until such time as the American Medical Association decides to do it in the way it should be done. Whether they can do it, whether they know how to do it, or whether they want to do it are other questions, but, believe me, we are going to stay in there until it is done.

I want to say this to you, and I would like to hear some action from this House of Delegates. Congressman A. L. Miller of Nebraska, who is a Past-President of the Nebraska State Association, has been on the job and noticed all of these troubles. He feels there is one way to correct some of your troubles, and I think he is right, and that is to take all medical authority out of the different bureaus. He thinks that the Children's Bureau of the Bureau of Labor should be put under Public Health, where it belongs. He has introduced such a bill before Congress and I should like for this House of Delegates to see fit to write a letter commending Congressman Miller on that action.

Mr. Speaker, I would like to yield the floor to Mr. Ben Read, Secretary of California Public Health League. I realize that it has to be through the unanimous consent of the House before he can address the House of Delegates, but I should

like for that to be done. Thank you very much.

SPEAKER ASKEY: You have heard the request of Dr. Murray that Mr. Read be given unanimous consent to speak to this House.

. . . It was moved, seconded, put to a vote and carried that Mr. Read be given unanimous consent to speak to the House of Delegates. (Remarks of Mr. Read appeared in *CALIFORNIA AND WESTERN MEDICINE*, for June, on page 295.)

CONTAGIOUSNESS OF SCARLET FEVER

H. O. SWARTOUT, M. D., DR. P.H.

Los Angeles

AND

W. P. FRANK, M. D.

Alhambra

FOR some time it has seemed desirable to obtain more definite data as to the contagiousness of scarlet fever under the different circumstances surrounding families in which one or more cases of this disease occur. Conditions in the Alhambra District of the Los Angeles County Health Department have been such as to favor a study being made to collect such data.

Two hundred and fifty consecutive cases that occurred in the Alhambra District from 1939 to 1943 were reviewed. Of the 250 cases, 231 were treated at home. In this group there were 383 susceptible familial contacts from 6 months to 19 years of age. Of the 383 familial contacts, 60 developed secondary cases of scarlet fever. A secondary case was considered as one occurring 48 hours or longer after the original case.

Of the 250 cases, 19 were treated at the contagious disease hospital or were treated at home and the susceptible childhood contacts taken out. In this group there were 60 susceptible familial childhood contacts, but no secondary cases of scarlet fever occurred.

In the group of 250 cases, there were 550 adults exposed. From this group of contacts six secondary cases developed. In the large group of casual contacts, i.e., extra-familial contacts, no secondary cases occurred. (Table 1.)

SUMMARY

From this survey it is apparent that:

1. One out of every 6 or 7 susceptible childhood contacts within the home will contract scarlet fever during the quarantine period.

2. Secondary cases of scarlet fever may be prevented best by either removing the patient to the contagious disease hospital or removing the susceptible contacts from the patient.

3. Only a small number of adult familial contacts contract the disease, namely between 1 and 2 per cent.

4. The number of cases contracted by casual extra-familial contacts is so small as to be negligible.

808 North Spring Street.

EMERGENCY MATERNITY AND INFANT CARE (E.M.I.C.) PROGRAM*

W. BENBOW THOMPSON, M. D.

Los Angeles

EVENTS affecting the administration of E.M.I.C. (Emergency Maternity Infant Care program of the Federal Children's Bureau) have occurred with such rapidity that it has been almost a full-time job to keep up with the procession. Changes in policy of major importance are now being proposed, and since these are suggested by the California Medical Association Committee on E.M.I.C., it is distinctly in order to review the facts that have dictated the actions of C.M.A. official representatives.

At the last meeting of the C.M.A. House of Delegates, a report was accepted calling for decentralization of the E.M.I.C. administration, for supplementing the inadequate subsidy provided, and for elimination of some of the objectionable features in the forms insisted upon by the Federal Children's Bureau. Resolutions were drawn up, setting forth the attitude of California physicians, which were presented to the A.M.A. House of Delegates. The important fact, however, is not that resolutions were presented at Chicago, but that in Los Angeles the southern members of the C.M.A. Maternity-Pediatric Committee approved basic modifications of the program, and, by implication, approved the program when and if these modifications became effective.

Following the above meeting, an opportunity arose of presenting directly to the Children's Bureau the objections of the medical profession of California. E.M.I.C. is no small affair. Approximately one birth in six, in this State, is under E.M.I.C. auspices. Only New York is caring for a larger case-load of service dependents. Hence objections and suggestions from this area should carry considerable influence, if one grants that the Children's Bureau is at all able to judge evidence.

* Report on meetings held in Washington, D. C., on June 4-5, 1944. Report is submitted by request. For cross references on *CALIFORNIA AND WESTERN MEDICINE*, see issues of May, 1944, on page 259, and June, on pages 295 and 305.

In current issue of C. and W. M., see also on page 114.

TABLE 1.—Contagiousness of Scarlet Fever in Relation to Environment

	No. of Cases	No. of Familial Childhood Contacts	No. of Secondary Cases	Per Cent of Secondary Cases	No. of Adults Exposed	No. of Secondary Adult Cases
Treated at Home.....	231	383	60	15.6	500	6
Treated at Contagious Disease Hospital	19	60	0	0	50	0